

IDAHO MILITARY DIVISION REQUEST FOR STATE PERSONNEL/POSITION ACTION SPB-7

PART A - TO BE COMPLETED BY REQUESTING ACTIVITY									
1. ACTION REQUESTED:								2. VICE:	
3. FOR ADDITIONAL INFORMATION CALL (NAME & TELEPHONE NUMBER):				3a. ACTION REQUESTED BY (TYPE NAME, TITLE, SIGNATURE AND DATE):				4. PROPOSED EFFECTIVE DATE: (MM/DD/YY)	
EMPLOYEE DATA									
5. NAME: (LAST, FIRST, MIDDLE)				6. SSN:		7. DATE OF BIRTH: (MM/DD/YY)		8. PAYROLL EMAIL ADDRESS:	
POSITION DATA									
9. FROM: A. POSITION CONTROL NUMBER: B. CLASS CODE:					10. TO: A. POSITION CONTROL NUMBER: B. CLASS CODE:				
C. POSITION TITLE:					C. POSITION TITLE:				
D. NAME, OFFICE SYMBOL, AND LOCATION OF POSITION'S ORGANIZATION:					D. NAME, OFFICE SYMBOL, AND LOCATION OF POSITION'S ORGANIZATION:				
E. GRADE:	F. STEP:	G. HR PAY:	H. SHIFT DIFFERENTIAL: <input type="checkbox"/> YES <input type="checkbox"/> NO	I. ANNUAL COST	E. GRADE:	F. STEP:	G. HR PAY:	H. SHIFT DIFFERENTIAL: <input type="checkbox"/> YES <input type="checkbox"/> NO	I. ANNUAL COST
J. NAME & TITLE OF SUPERVISOR:					J. NAME & TITLE OF SUPERVISOR:				
K. FUNDING SOURCE: PCA FEDERAL % STATE %				L. PAY LOCATION:	K. FUNDING SOURCE: PCA FEDERAL % STATE %				L. PAY LOCATION:
M. POSITION TYPE:			<input type="checkbox"/> ARMY	<input type="checkbox"/> OFFICER	M. POSITION TYPE:			<input type="checkbox"/> ARMY	<input type="checkbox"/> OFFICER
<input type="checkbox"/> MILITARY			<input type="checkbox"/> AIR	<input type="checkbox"/> WARRANT	<input type="checkbox"/> MILITARY			<input type="checkbox"/> AIR	<input type="checkbox"/> WARRANT
<input type="checkbox"/> CIVILIAN			<input type="checkbox"/> ARMY OR AIR	<input type="checkbox"/> ENLISTED	<input type="checkbox"/> CIVILIAN			<input type="checkbox"/> ARMY OR AIR	<input type="checkbox"/> ENLISTED
N. HOURS PER WEEK:	O. NUMBER OF MONTHS TO BE FILLED:	P. SECURITY CLEARANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO			N. HOURS PER WEEK:	O. NUMBER OF MONTHS TO BE FILLED:	P. SECURITY CLEARANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Q. ADDITIONAL REMARKS/JUSTIFICATION: (ATTACH ADDITIONAL REMARKS AND JUSTIFICATION, AS NEEDED.)									

PART B - POSITION DATA - TO BE COMPLETED BY STATE PERSONNEL BRANCH										
1. APPROVED EFFECTIVE DATE: (MM/DD/YY)		2. PCN: SUB PCN: _____		3. ADVERTISEMENT NUMBER		4. FLSA CODE: COVERED 1.5 C F L EXEMPT 1.0 A E P NONCOVERED 0.0 N				
5. FTE MONTHS: _____ APPT. CODE _____ COMBO: _____ WORK TYPE: _____		6. GROUP INSURANCE ELIGIBILITY: <input type="checkbox"/> YES <input type="checkbox"/> NO		7. RETIREMENT INDICATOR: 2 - MN 1 - N 0 - NOT ELIGIBLE		8. LEAVE ELIGIBILITY: <input type="checkbox"/> YES <input type="checkbox"/> NO LEAVE CODE: _____		9. WORKERS COMP CODE:		10. DISTRIBUTION ADDRESS:

PART C - APPROVALS					
SIGNATURES (AS REQUIRED)					
OFFICE/FUNCTION	SIGNATURE (TYPE NAME, TITLE)	DATE	OFFICE/FUNCTION	SIGNATURE (TYPE NAME, TITLE)	DATE
1. EMPLOYEE (IF REQUIRED)			2. SUPERVISOR		
3. PROGRAM MANAGER			4. STATE FINANCIAL MANAGER		
5. STATE PERSONNEL MANAGER			6. HRO		
7. JOINT PERSONNEL J1 (IF REQUIRED)			8. JCOS		
9. USPFO, GOR (IF REQUIRED)			10. COMMANDING GENERAL (IF REQUIRED)		